

FEB 29 2012

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



BY: B. H.

Please type or print in ink.

2012 FEB 29 PM 3:50

NAME OF FILER (LAST) Hayashi (FIRST) Mary (MIDDLE)

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: Mental Health Services & Oversight Commission Position: Commissioner

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is ____/____/____, through December 31, 2011.
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and complete. I acknowledge this is

Date Signed Feb 23, 2012
(month, day, year)

Signature

SCHEDULE B **Interests in Real Property** (Including Rental Income)

Name

Mary Hayashi

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

18410 Buren Place

CITY

Castro Valley

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Joel Kinnamon

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D **Income – Gifts**

Name

Mary Hayashi

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Ste. 1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 10 / 11	\$ 109.48	Legislative Dinner
03 / 29 / 11	\$ 73.38	Legislative Dinner
03 / 30 / 11	\$ 32.97	Legislative Dinner

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Ste. 1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 11	\$ 14.95	PolicyMtg/Beverage
06 / 27 / 11	\$ 18.92	PolicyMtg/Beverage
___ / ___ / ___	\$	

► NAME OF SOURCE

California Medical Association

ADDRESS (Business Address Acceptable)

1201 J Street, Ste. 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Health Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 11	\$ 70.98	Legislative Dinner
01 / 18 / 11	\$ 27.79	Legislative Lunch
03 / 09 / 11	\$ 46.37	DinnerMtgMichaelAllen

► NAME OF SOURCE

Planned Parenthood Affiliates of California, Inc.

ADDRESS (Business Address Acceptable)

555 Capitol Mall, Ste. 510, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Women's Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 11	\$ 36.84	PolicyBriefingBreakfast
05 / 18 / 11	\$ 65.79	PolicyBriefingBreakfast
___ / ___ / ___	\$	

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Ste. 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Democratic Caucus Retreat

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 117.09	Policy Summit Dinner
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

John A. Pérez for Assembly 2012

ADDRESS (Business Address Acceptable)

777 S. Figueroa St., Ste. 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Member of Legislature

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 10.00	PolicySummitBeverage
02 / 09 / 11	\$ 84.30	Policy Summit Jacket
08 / 03 / 11	\$ 33.70	Legislative Dinner

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mary Hayashi

► NAME OF SOURCE

G-TECH Corporation

ADDRESS (Business Address Acceptable)

10 Memorial Blvd., 8th Floor, Providence, RI 02903

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 09 / 11	\$ 121.86	Legislative Dinner
08 / 30 / 11	\$ 104.96	Legislative Dinner
/ /	\$	

► NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 11	\$ 17.00	Legislative Breakfast
03 / 15 / 11	\$ 33.00	Legislative Dinner
06 / 06 / 11	\$ 128.20	DinnerCDALeadership

► NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Health Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 11	\$ 27.80	Legislative Dinner
06 / 15 / 11	\$ 21.22	Legislative Dinner
12 / 09 / 11	\$ 39.40	Legislative Lunch

► NAME OF SOURCE

Engineering & Utility Contractors Association

ADDRESS (Business Address Acceptable)

1700 Crow Canyon Ct, Ste.100, San Ramon, 94583

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Contractors Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 12 / 11	\$ 67.02	Legislative Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Ste. 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 06 / 11	\$ 100.00	Legislative Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D
Income – Gifts

Name

Mary Hayashi

► NAME OF SOURCE

Hayward Firefighters Local 1909

ADDRESS (Business Address Acceptable)

22734 Main Street, Hayward, CA 94541

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 11	\$ 100.00	Hayward Chamber
/ /	\$	Dinner Ticket
/ /	\$	

► NAME OF SOURCE

Hayward Firefighters Local 1909

ADDRESS (Business Address Acceptable)

22734 Main Street, Hayward, CA 94541

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 11	\$ 100.00	Hayward Education
/ /	\$	Foundation Dinner
/ /	\$	Ticket

► NAME OF SOURCE

Hayward Firefighters Local 1909

ADDRESS (Business Address Acceptable)

22734 Main Street, Hayward, CA 94541

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 11	\$ 87.50	Legislative Dinner
04 / 07 / 11	\$ 120.00	Thank You Flowers
/ /	\$	

► NAME OF SOURCE

Felipe Fuentes for Assembly 2012

ADDRESS (Business Address Acceptable)

State Capitol, Room 2114, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Member of Legislature

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 11	\$ 126.77	Legislative Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Mary Hayashi

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street

CITY AND STATE
Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Educational Association

DATE(S): 08 / 18 / 11 - 08 / 19 / 11 AMT: \$ 445.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Speaking at Technology Summit

► NAME OF SOURCE
Association of California Life & Health Insurance Co.

ADDRESS (Business Address Acceptable)
1201 K Street, Ste. 1820

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Professional Association

DATE(S): 09 / 22 / 11 - 09 / 24 / 11 AMT: \$ 1099.78
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Speaking at Annual Policy Conference

► NAME OF SOURCE
California Medical Association

ADDRESS (Business Address Acceptable)
1201 J Street, Ste. 200

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Professional Health Association

DATE(S): 10 / 14 / 11 - / / AMT: \$ 379.40
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Speaking at Annual House of Delegates Policy Session

► NAME OF SOURCE
National Caucus of Environmental Legislators

ADDRESS (Business Address Acceptable)
1920 L Street, NW, Ste. 800

CITY AND STATE
Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy Organization

DATE(S): 10 / 06 / 11 - 10 / 07 / 11 AMT: \$ 620.36
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Speaking at Annual Legislative Forum

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name

Mary Hayashi

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
755 Riverpoint Drive

CITY AND STATE
West Sacramento, CA 95605

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Professional Association

DATE(S): 07 / 22 / 11 - 07 / 23 / 11 AMT: \$ 1118.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Speaking at Governor's Annual Foundation Event

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: _____